

Statement of Organization Recipient Committee

Type or print in Ink

STATEMENT OF ORGANIZATION

Statement Type

☒ Initial

Not yet qualified ☒ or

☐ Amendment

List I.D. number:

Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

Date of Termination

Date Stamp
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13 JUN 19 AM 8:31

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

JOE LUYBEN FOR CITY COUNCIL
2014

STREET ADDRESS (NO P.O. BOX)

4327 HEATHER Rd.

CITY

LONG BEACH

STATE

CA

ZIP CODE

90808

AREA CODE/PHONE

(562) 425-3748

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

JOE Luyben @ Yahoo.com

COUNTY OF DOMICILE

LA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

GENEVIEVE BETANCIS

STREET ADDRESS (NO P.O. BOX)

7116 MARCELLE ST

CITY

PARAMOUNT

STATE

CA

ZIP CODE

90723

AREA CODE/PHONE

(562) 425-3748

NAME OF ASSISTANT TREASURER, IF ANY

JOSEPH LUYBEN

STREET ADDRESS (NO P.O. BOX)

4327 HEATHER Rd

CITY

LONG BEACH

STATE

CA

ZIP CODE

90808

AREA CODE/PHONE

(562) 425-3748

NAME OF PRINCIPAL OFFICER(S)

JOSEPH D. Luyben

STREET ADDRESS (NO P.O. BOX)

4327 HEATHER Rd.

CITY

LONG BEACH

STATE

CA

ZIP CODE

90808

AREA CODE/PHONE

(562) 425-3748

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Executed on 6-18-13

DATE

By

Executed on 6-18-13

DATE

By

Executed on _____

DATE

By

Executed on _____

DATE

By

TREASURER OR ASSISTANT TREASURER

HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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I.D. NUMBER

COMMITTEE NAME

JOE Wyken For City Council 2014

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
JOSEPH D. Wyken	5 th District - City of Long Beach	2014	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
BANK OF THE WEST	(562) 925-1211	
ADDRESS	CITY	STATE ZIP CODE
5240 CLARK AVE	LAKELAND	CA 90712

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

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I.D. NUMBER

COMMITTEE NAME

JOE Lybun For city Council 2014

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☒ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

5th District Council city of Long BEACH 2014

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

FPPC Form 410 (June/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)